

Dental Insurance

Basic Dental (Executive Employees)

This option provides reimbursement of basic dental expenses for you and your eligible dependents (up to the amount in the current fee guide of your provincial dental association). Basic dental expenses include such services as annual check-ups, cleanings, fillings and root canals.

There is no deductible for this coverage.

We suggest that you send an estimate to the insurer, before the work is done, for any major treatment or any procedure that will cost more than \$500.

The insurer will pay 100% of the eligible expenses for the following preventative and basic procedures:

- one complete examination every 24 months
- one recall examination every 9 months
- emergency or specific examinations
- one complete series of x-rays or one panorex every 24 months
- one set of bitewing x-rays every 9 months
- x-rays to diagnose a symptom or examine progress of a particular course of treatment
- two units of fifteen minutes each of cleaning per benefits year
- eight units of fifteen minutes each of scaling per benefit year
- one topical fluoride treatment every 9 months
- required consultations with another dentist
- emergency or palliative services
- diagnostic tests and laboratory examinations
- removal of impacted teeth and related anaesthesia
- space maintainers for missing primary teeth
- pit and fissure sealants
- amalgam, composite, acrylic or equivalent fillings
- removal of teeth
- prefabricated metal restorations and repairs other than in conjunction with the placement of permanent crowns
- root canal therapy and root canal fillings
- treatment of disease of the pulp tissue
- treatment of disease of the gum and other supporting tissue
- surgery and related anaesthesia

For a detailed listing of these and other basic and preventative services please refer to your Employee Benefits Booklet.

There is a yearly maximum of \$3,000 for all basic and preventative procedures.

The insurer will pay 100% of the eligible expenses for the following major procedures:

- crowns
- repairs to crowns other than prefabricated metal restorations
- inlays, onlays
- construction of bridges
- construction of dentures
- repairs to bridges or dentures
- relines or rebases of dentures

There is a yearly maximum of \$3,000 for all major restorative services.

The insurer will pay 50% of the eligible expenses for the following orthodontic procedures:

- interceptive, interventive or preventive orthodontic services, other than space maintainers
- comprehensive orthodontic treatment
- diagnostic services
- fixed and removable appliances

There is a lifetime maximum of \$3,000 per person for all orthodontic procedures.

Please see your Employee Benefits Booklet for details of coverage and for information on what is not covered by your insurer.

You may wish to consult with your dentist prior to enrollment each year to estimate your family's potential expenses for the upcoming year. The option you elect can be changed at each annual enrollment.

Decline Coverage

If you have dental coverage elsewhere (i.e., under your spouses plan), you may decline Dental Insurance. You will be required to provide evidence of such other source of coverage.